



Center for Medicaid and State Operations

Ref: S&C-03-12

DATE: February 13, 2003

FROM: Director
Survey and Certification Group

SUBJECT: Coordinated Survey Approach For Critical Access Hospitals Having Multiple
Affiliated Providers

TO: Survey and Certification Regional Office Managers (G-5)
State Survey Agency Directors

Critical Access Hospitals (CAHs) are currently surveyed using announced surveys. The recommended frequency includes an initial survey, a one-year follow-up survey, and a survey every three-six years as resources permit. In addition to the state agency (SA) surveys, there are two accrediting organizations that are deemed by the Centers for Medicare & Medicaid Services (CMS) to conduct Medicare certifications: the American Osteopathic Association (AOA) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The accrediting organizations conduct their surveys at initial accreditation, one-year follow-up, and every three years using announced surveys.

Some providers in the CAH community want CMS to consider using a “coordinated survey approach” when conducting surveys of CAHs with multiple providers in their CAH-based rural network. Presently, provider types known to be associated with CAHs are home health agencies (HHA), hospices, rural health clinics, and skilled nursing facilities (SNF/NF). A coordinated survey approach would allow the SA to survey all the various providers under the CAH umbrella concurrently. This approach would not affect the surveys conducted by approved accrediting organizations. These organizations would continue to survey per their own policies and procedures.

We are willing to explore the “coordinated survey” concept with individual SAs; however, we do not want to compromise existing and necessary differences in survey protocols, surveyor training requirements, and we must continue to comply with statutory provisions regarding survey timing, frequency and notification.

NOTE: Under a coordinated survey involving a SNF/NF or HHA, the providers would have to agree to be subject to an unannounced survey.

If an SA is interested and able to implement the coordinated survey approach for CAHs with multiple providers in their state, the SA must document how that plan would be implemented. The SA must submit an outline directly to CMS central office that includes details for:

- conducting the coordinated survey process;
- the process to be used to by the state to notify their CAHs of the availability of the coordinated survey option;
- the CAH application procedure for a coordinated survey; and
- any additional costs associated with implementing the process.

Following agreement of the methodology between the SA and CMS central office, a CAH interested in the coordinated survey approach would need to contact their SA. The SA would work with each interested CAH to set up a coordinated survey, if possible, given the resources available. The SA is not obligated to use a coordinated survey approach, and, if implemented, there is no obligation by the SA to continue applying a coordinated survey approach. Also, there is no obligation for any CAH-based provider network to elect such an option even if there are other CAHs in the state that opt for coordinated surveys.

If a SA is interested in implementing the coordinated survey approach, the outline of their plan can be sent by mail, fax, or email on letterhead to Marjorie Eddinger, 7500 Security Boulevard, MS: S2-12-25, Baltimore, MD 21244. Phone: (410) 786-0375. Fax: (410)786-8533. Email: meddinger@cms.hhs.gov. Please cc all correspondence to the appropriate CMS Regional Office.

/s/

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